

## 206 Towards a taxonomy of care for youth: A synthesis of the literature

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**Background.** Behavioural and emotional problems among children and adolescents can have serious and lasting consequences for their development. Prevention, diagnostics and treatment within youth care have not been optimal thus far. C4Youth<sup>1</sup> is a partnership set up in early 2010 between research institutes (University Medical Center Groningen and University of Groningen) and regional care institutions in the Northern Netherlands. One of its aims is to use prospective studies to explore the associations of problem characteristics, care offered and outcomes for children and adolescents with behavioural and emotional problems and their parents. As part of this, effective ingredients of the various type of care will be delineated.

Care for children and adolescents is often described as a ‘black box’ (Libby et al., 2005; Van der Ploeg, 2003); in other words, we do not know enough about what care precisely entails. The best way to record the nature and extent of the care that clients receive effectively is to use a *care taxonomy*, a classification system that enables us to categorize the contents of care in a valid and reliable way. Although the desirability of such a taxonomy has been stressed both at national and international perspective (De Jong, 1995; Kovess, 1997), no such system is as yet available in the field care for youth.

**Purpose and methods.** The purpose of this project is to develop, test and apply a *Taxonomy of Care for Youth* (TOCFY). The taxonomy must enable us to categorize for each client system the care that is actually received. The TOCFY will be composed based on published evidence (stage 1) and will next be validated against experiences in routine care (stage 2). For stage 1, a literature search was conducted using relevant search terms in the following databases: Medline, PsychInfo, ERIC and PSYINDEX.

1 Collaborative Centre on Care for Children and Youth with behavioural and emotional problems.

**Key findings.** The literature survey shows that few tools have been developed for the classification of care, in contrast to the taxonomic systems for categorizing children's and adults' behaviour and disorders. However, a degree of experience has been gained with two systems, described by Van Yperen, Konijn and Ten Berge (1999), and by Abraham and Michie (2008), respectively. These will be used as the starting point for the TOCFY.

Van Yperen, Konijn and Ten Berge's taxonomy relates to the field of youth and family care. More or less in keeping with the *individual case-oriented* DSM-IV taxonomy, it has two main axes – contents and type of care – each with three subaxes (see table 1). Each subaxis is then further completed with specifying qualities, with the subaxes 'activities' (1a) and 'type of care' (2a) describing the most distinguishing part of the care profile of a case. The detailing of the subaxes creates a taxonomy that provides a highly differentiated classification of care (the 'activities' subaxis is developed in the Appendix as an illustration). It can be regarded as a taxonomy at the meso-level (De Jong, 1995). The classification was tested in a simulation study with a combination of real and fictitious data ( $N=500$ ), resulting in the tentative conclusion that the system is feasible for answering topical policy-related questions. It has yet to be applied in real-life empirical research.

Table 1: Main axes and subaxes of Van Yperen et al. taxonomy of care

1 Contents of care	2 Type of care
a activities	a type of care and location
b objectives	b duration
c expertise caregivers	c intensity of contact

Abraham and Michie (2008) developed a taxonomy which enabled them to code treatment techniques regarding behavioural change as described in *detailed intervention manuals*. Their classification might be considered as a further specification of the Van Yperen et al. column 'approach' (see Appendix); it refers to the micro level of care and treatment. A total of 26 such techniques were presented in the model. The techniques can be organised into main categories, such as categories which refer to providing information, to prompting certain behaviour, to managing future processes, to comprehensive techniques, etc.. An example of a technique in the 'prompt category' would be 'prompt self-monitoring of behaviour'. Inter-observer reliability of the rating of these 26 behaviour change technique (BCT) definitions was tested

and evaluated positively (mean kappa 0.79). Although the Abraham and Michie taxonomy was not developed for categorisation of BCTs in individual cases, we expect that it will contribute towards the design of the TOCFY.

**Implications and recommendations.** A draft version of the TOCFY will be developed on the basis of the literature survey. This version will next be submitted to and tested by a panel of practitioners, to assess its face validity and feasibility. The instrument's reliability and validity will then be examined in a new sample of cases. Both indicators are important if the TOCFY is to be applied in large-scale studies.

### Key references

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Appendix: Breakdown of 'activities' subaxis of  
Van Yperen et al. taxonomy of care

Activity	Targeting	Approach
Assessment and observation	Child Parents Family	Unspecified
Treatment activities with child	Behaviour, emotions, cognitions	<ul style="list-style-type: none"> <li>• medicinal approach</li> <li>• therapeutic/supporting approach</li> </ul>
	Social and societal skills	<ul style="list-style-type: none"> <li>• training social/societal skills</li> </ul>
	Functional skills	<ul style="list-style-type: none"> <li>• training language, speech, motor skills,</li> <li>• learning skills, etc.</li> </ul>
	Physical health	<ul style="list-style-type: none"> <li>• medicinal approach</li> <li>• other approach</li> </ul>
	Living situation	<ul style="list-style-type: none"> <li>• creating substitute living situation</li> <li>• case management</li> </ul>
Treatment activities with parents	Child's behaviour	<ul style="list-style-type: none"> <li>• mediation therapy</li> <li>• parent coaching, etc.</li> </ul>
	Parents' behaviour	<ul style="list-style-type: none"> <li>• parent training</li> <li>• parent support/education, etc.</li> </ul>
Treatment activities with family	Family	<ul style="list-style-type: none"> <li>• family therapy</li> <li>• home-based family support</li> </ul>
Activities outside system of child and family care	Unspecified	Unspecified